

Making Competitive Bidding Successful

Cara C. Bachenheimer, Esquire
Senior Vice President, Invacare Corp

After several years of rigorous efforts to garner Congressional support for repeal of the current Medicare DME competitive bidding program, it has become apparent that Congress has neither the political nor policy will to do so. Industry leaders, including the American Association for Homecare, VGM, the MED Group, NAIMES, CSI and state association leaders have developed a constructive legislative alternative to the current program. Building upon the credible foundation provided by a group of 244 economists, industry leaders modified the current model to better accommodate smaller providers and their ability to compete. Following is a brief explanation of the details of the industry's legislative proposal, known as the MPP.

Proposed legislation would replace the current Medicare DMEPOS competitive bidding program with a market pricing program known as MPP. MPP is based upon economic principles that are embraced by literally hundreds of economists who are auction experts. (Economists use the term "auction" interchangeably with "competitive bidding.") The market pricing program would be implemented on the same timetable and apply to the same DMEPOS product categories as the current bidding program and is intended to be budget neutral. MPP would provide significant changes to the currently flawed program. The highlights include:

Experts Would Design and Monitor the MPP: Under the proposal, Medicare would be required to contract with an experienced and independent Auction Expert to design and implement the MPP, and an experienced and independent Market Monitor would be responsible for ensuring the program's operational integrity.

Products To Be Auctioned: The proposal includes the same products that CMS has chosen for the current program, with limited exceptions. Under the proposal, instead of auctioning all product categories in a particular bid area, no more than two of the current product categories would be auctioned for exclusive contracts in that market area. The remaining non-auctioned product categories could be provided by any qualified and willing supplier at the price

determined from auctions in economically similar areas in the MPP program. Therefore, in a particular auction area, if a provider lost both auctioned product categories, the provider would still be able to provide the remaining bid products at prices determined by other auctions.

How Prices Are Determined: Unlike the current program where the bid price is the median of contract providers and some contractors are paid less than their bid, no contractor would be paid less than what they bid. The bid process is simplified because only the "lead product" in a product category is auctioned. The Auction Expert determines the "lead product," which would generally be the most highly utilized/paid item in the category. Other products in the same category are proportionately referenced (in terms of price) to the lead product price through a process designed by the Auction Expert with input from stakeholders. The "lead product" is auctioned until supply (providers' capacity) equals demand (expected utilization). At that point, the "clearing price" is determined, and **all remaining bidders are offered and must accept**, a contract at this price—all bids are binding.

Transparency: To assure transparency, the following information would be publicly available:

- All financial and other qualifications for bidders
- The eligible market areas and categories to be auctioned
- The protocols and timing for the conduct of the auction
- The methodology by which prices will be set for the non-lead products within a product category
- The methodology by which an auction price will be transferred to the same product in an economically similar area in which no auction for that product was held
- An appeals process to protect suppliers.

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Yes, you can.®

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Cara C. Bachenheimer, Esquire, is Senior Vice President of Government Relations for Invacare where she is responsible for the company's federal lobbying activities with Congress, the Administration and the federal regulatory agencies. Ms. Bachenheimer has over 10 years experience in national coalition and association management covering all functions, including government relations. Cara can be reached at cbachenheimer@invacare.com



From Mary's Desk

Mary Nicholas, MHA
President, CEO

Mass Communication Challenges

As of this month, the updated versions of the HQAA standards have been implemented and all HQAA customers have received multiple communications from me. We always plan ahead for many hours of work after sending out mass communications due to the numerous email failures that bounce back. Through this column, I want to offer reminders of areas that HQAA needs to be kept up to date with and recap important items to keep current.

One of the most important areas in our communications is "who"-- who is managing your accreditation process? This person is the one to whom we send all communications. If that person has left your employment, or if their email address has changed, we have no way of sending electronic communications accurately. For example, I recently came across someone who had left the company but used their personal email address as the company contact. Evidently, as our contact, they have been receiving all of the information we've sent to the company for quite some time. Since they never informed us that this was a personal address, we continued to send the company info to the former staff member. Please be sure you always keep us up to date as to who is managing the process and keep an eye on those email addresses.

HQAA also needs to be informed of any additional product categories that you add. In this time of competitive bidding applications and selection, all the government agencies rely upon the HCPC codes of the items you are accredited to provide to ensure that you are qualified for the products selected. We update these codes on a weekly basis and CMS uses this information to review against the applications they receive. These codes are being uploaded in

to the PECOS system as well and thus require that your approved equipment list is correct at all times. It is important to note that not all additions of equipment mean that an additional survey has to occur. We review and update every additional product and product line you add and keep you informed of any additional requirements if any are needed.

Change of ownership, the addition of branch locations and information regarding events where a customer's life is endangered or lost are all areas that require you keep HQAA informed. We are your conduit of important information with CMS and keeping us informed is critical to keeping other entities informed. To assist your efforts, HQAA has an "always open" web site where you can make these changes/additions/edits. You simply log in from our home page to your account and click on "Profile". There you will see the areas where you can communicate edits and changes. If you have never logged in to review this area, I would suggest that you do so a few times a year to ensure that all of your information is accurate.

The information we have on file for your organization is only as good as the information you provide. When we receive bounced back emails, we will call you to get an updated one. When CMS asks for updated addresses or PTANs, and they are not in your profile, we will call you. Please ensure that your information is always kept accurate in your profile. Your accuracy ensures our accuracy. In keeping with our motto, "Keeping Quality Continuous", keep us informed of all of your pertinent information. Please know that keeping us informed is deeply appreciated, just as you, our customer, are appreciated! ✓

To sign up to receive
Champion Chat
directly, click **here** or
contact us at
866-909-HQAA and
ask us to add you to
our mailing list

HQAA
On the Road
Come visit us at:

CAMPS
03/15-16
(OC Airport, CA)

MAMES
3/28-30
(Omaha, NE)

Medtrade
Spring
4/10-12
(Las Vegas, NV)

PAMS
4/23-24
(Lancaster, PA)

NHIA
4/23-26
(Phoenix, AZ)

GAMES
4/24
(Macon, GA)

PAMES
5/1-2
(Tacoma, WA)

ATHOMES
5/3
(Nashville, TN)

GET CONNECTED

follow us on **twitter**

twitter.com/HQAA

Follow @HQAA on Twitter, where Mary tweets a tip (#twip) everyday that relates to the standards, quality or efficient business practices for your company. To sign in and start an account (HQAA follows many DME businesses on Twitter) go to www.twitter.com. This is yet another good place for informative resources.

You should see what your fellow DMEs are saying and doing!



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FEBRUARY
Disaster Plan and
Emergency Preparedness
Plan

MARCH
Grievances/Adverse Event
Management

APRIL
Patient Intake Process

MAY
Transfers, Terminations,
Discharges & Denials

JUNE
Delivery Process Review

JULY
Materials Management

AUGUST
The 3 R's: Recalls, Returns,
Repairs

SEPTEMBER
Physical Locations

OCTOBER
Personnel Files

NOVEMBER
Emergency-Disaster
Preparedness

DECEMBER
Infection Control & Safety

JANUARY 2012
Forms Review

ACT(Accreditation Continuation Toolkit) is the program offered to HQAA accredited providers after their successful accreditation to assist them in maintaining and updating their high quality standards and accreditation requirements on an ongoing, on-line basis so that accreditation renewal is smooth and seamless.

Each month, providers enrolled in **ACT** work with a “bite-sized” component of standards to ensure that they are reviewing and updating their processes as needed. By addressing accreditation compliance requirements in small, “bite-sized” components, last-minute renewal work is eliminated, and what can be extensive work is accomplished in efficient, incremental steps. Featured monthly topics assist providers in conducting audits and updating information. Providers who subscribe to **ACT** receive the plans, tools and access to experts in one easy-to-use website, saving both time and money.

In this issue we are highlighting the **ACT** topics for February, March and April and listing some of the questions posed for subscribers to review to ensure that they are meeting their accreditation standard requirements.

February - Disaster Plan and Emergency Preparedness Plan

If your community is impacted by a weather related disaster such as a tornado, hurricane or flood, can your staff describe the processes your organization has in place to ensure continued operation? Are you and your staff prepared for the possibility of a fire at your office or in your warehouse?

March - Grievances/Adverse Event Management

How do you handle customer grievances/complaints? In the event that your customer complains, do they still feel that you are the best possible provider to meet their needs? What information can you gain from tracking and analyzing grievances and adverse events over time?

April - Patient Intake Process

Have you developed a standardized process for Patient Intake that assures receipt of all required signatures and medical documentation? Does your process for verification of benefits and eligibility assure your clients of your organization’s efficiency and accuracy in insurance filing and billing?

*Only HQAA offers on-going service to maintain the accreditation you've worked so hard to achieve. For more information about **ACT**, contact:
gabe.nicholas@hqaa.org
866.490.7980*

Here's what one of our current **ACT** subscribers is saying:

“The ACT service is a great tool for guiding you through the learning process and helping you maintain accreditation.

We would absolutely recommend ACT to HQAA customers.”

*Jessica Eisenbach, Office Manager
Texas Oxycare, Inc*



HQAA

Recently Accredited Quality Champions

Please join us in congratulating
these recently accredited providers.

A-1 DME LLC	October 27, 2011	DMI	October 25, 2011
Absolute Medical Equipment, Inc.	November 07, 2011	DOC Development, Inc.	September 21, 2011
Acme Medical Supply LLC	October 20, 2011	Drugs 'R' Us, Inc.	December 07, 2011
Affordable Medical Supply LLC	January 03, 2012	EASTSIDE MEDICAL SUPPLY, INC	October 12, 2011
AL & PO Corp	September 12, 2011	Elite Medical Supply LLC	December 12, 2011
ALDEN MEDICAL SUPPLY LLC.	November 28, 2011	Family Pharmacy, Inc.	August 29, 2011
All American Medical Supply, LLC	November 15, 2011	First Choice Home Medical Equipment LLC	September 27, 2011
All-Med Equipment & Services Inc.	November 02, 2011	Freewheeling Rentals, LLC	November 30, 2011
Am-Med Diabetic Supplies, Inc.	November 01, 2011	Glasgow Prescription Center, Inc.	December 06, 2011
Anderson Compounding Pharmacy, Inc.	November 09, 2011	Grandview Pharmacy, Inc	November 29, 2011
Apex Medical Supplies and Equipment LLC	December 05, 2011	Greenwood Home Medical Supplies	November 21, 2011
Ashley Drug Company of Cullman, Inc	October 11, 2011	Gretna Drug Co., Inc.	December 13, 2011
Astrup Drug, Inc	September 26, 2011	Group Care Medical Services, LP	October 25, 2011
Ausman's On The Go, Inc.	December 05, 2011	Handicap Of Jackson LLC	December 13, 2011
B & G Spine Group Inc.	November 21, 2011	Harold K Reich `s Pharmacy	August 29, 2011
B.T. MEDICAL LLC.	December 12, 2011	HEALTH CARE, INC.	October 10, 2011
Bailey & Ramey Enterprises	October 19, 2011	HealthCare MedSupply LLC	November 09, 2011
Bear Drugs Inc	October 03, 2011	HEALTHPLUS PHARMACY, INC	October 07, 2011
Bedford Road Pharmacy, Inc.	October 11, 2011	Heartland Health Therapy, Inc.	December 05, 2011
Biotech Medical Systems, Inc.	October 18, 2011	Heritage Home Medical, Inc.	December 12, 2011
Bond `s Drug Store	November 29, 2011	Hicks Pharmacy	November 08, 2011
Braden Med Services, Inc.	December 07, 2011	Hina `s Homecare Pharmacy	October 18, 2011
Brewerton Pharmacy Inc.	December 12, 2011	Home Again Medical, Inc	October 05, 2011
Campbell County Hospital District	October 25, 2011	Home Breathing Care, LLC	October 06, 2011
Cardio-Respiratory Assistance, Inc.	November 07, 2011	Home Health Medical Equipment Inc.	October 10, 2011
Choice Medical, LLC	November 21, 2011	Illinois Spine and Disc Institute, Ltd.	October 25, 2011
City Pharmacy LLC	November 01, 2011	Impact Medical	November 14, 2011
D. Gignac, Inc.	October 26, 2011	Independent Life Medical Supplies	December 06, 2011
Dandurand Drug Co., Inc.	October 04, 2011	Inman Pharmacy, Inc	November 11, 2011
David Drugs, Inc.	October 24, 2011	Integrated Concepts Inc.	October 05, 2011
Desoto HomeCare inc	November 17, 2011	JACKSON MEDICAL SUPPLY, INC	January 05, 2012

We look forward to listing your company as one of our Quarterly Champions! Come join our family!

HQAA
Recently Accredited
Quality Champions



Keystone Wholesale Co.	November 15, 2011	Providacare Medical Supply LTD	October 17, 2011
Kinetic, Inc.	November 21, 2011	Quality Drug Company, Inc.	November 10, 2011
Kist Medical LLC	October 06, 2011	Quality Medical Services, Inc	September 26, 2011
Kizer Pharmacy LLC	July 20, 2011	Quality Medical Supply Corporation	December 07, 2011
Linde RSS LLC	October 17, 2011	Regenesis Health Services, Inc.	December 12, 2011
LTC Prescription Providers, Inc	October 19, 2011	Regional Health Services of Howard County	December 08, 2011
Maximum Mobility, Inc.	December 12, 2011	Rehab Solutions, Inc.	October 10, 2011
MEDAX MEDICAL SUPPLY INC	January 10, 2012	Resource Medical Group, LLC	October 11, 2011
MERL INC	December 14, 2011	Respiratory Home Care of Bristol, LLC	December 12, 2011
Mid South Medical Equipment	November 17, 2011	Respiratory Services of Western New York, Inc.	November 30, 2011
Mills Family Pharmacy	November 14, 2011	RH HEALTH SERVICES INC	November 28, 2011
Mobility Connection, Inc.	September 13, 2011	Rowan Enterprises, Inc	December 15, 2011
Mobility Plus of CA	October 24, 2011	Rx Direct, Inc.	October 20, 2011
Mountain Air Oxygen Service, Inc.	December 05, 2011	S&S Rehab Products Plus, Inc.	November 15, 2011
National HME, Inc.	October 10, 2011	Service Medical Oxygen	December 06, 2011
NuCara Management Group	November 01, 2011	Shambhavi, Inc.	November 09, 2011
Olson Drug Inc	October 18, 2011	Simpson`s Pharmacy, Inc.	December 12, 2011
Osborn Drugs, Inc.	November 28, 2011	Sullivan`s Pharmacy, Inc.	September 27, 2011
OxyPro, Inc.	October 24, 2011	Sunshine Pharmacy	November 29, 2011
PARIS MEDICAL SUPPLY, INC.	November 07, 2011	Teton Clinical Pharmacy, Inc.	November 16, 2011
Patel & Gill, Inc.	September 28, 2011	Thompson Pharmacy Inc.	November 10, 2011
Penrod Medical Equipment, LLC	November 14, 2011	Timberlake Pharmacy	November 30, 2011
PharmBoy Ventures Unlimited, Inc	November 29, 2011	Total Care Medical, Inc.	October 19, 2011
Physiofit DME LLC	November 09, 2011	Towler Drug Co Inc	October 06, 2011
Pioneer DME, LLC.	September 28, 2011	Traubert`s Pharmacy Inc.	December 12, 2011
Plaza Home Care, Inc.	November 02, 2011	TVC Home Health Care, LLC	November 02, 2011
Portales Home Medical Equipment	November 02, 2011	United Medical Services	November 07, 2011
Positive Outcomes, Inc.	October 17, 2011	UroDry, LLC	November 29, 2011
ProCare Healing Centers, LLP	December 05, 2011	Village Pharmacy of Hampstead Inc	December 05, 2011
Professional Medical Service & Products, Inc.	September 19, 2011	We Care Medical, Inc.	December 13, 2011
Prohealth Pharmacy LLC	December 16, 2011	Westlake Drug, Inc.	November 21, 2011
PRO-MED-1	October 18, 2011		



Compliance Corner

Curtis McLees
Director of Compliance

Each quarter, Champion Chat features information provided by Curtis McLees, that highlights common problematic areas of compliance

Employee Continuity

Many of HQAA's customers are now entering their second accreditation cycle. A majority of these suppliers have accomplished the difficult task of maintaining the accreditation standards, which HQAA appreciates and applauds. Unfortunately, many have not maintained compliance with the standards and are struggling to become re-accredited. In fact, 15% of suppliers who have gone through re-accreditation have had their accreditation score drop by 10% or more from their previous survey.

I've examined the reasons behind the decline of compliance with the accreditation standards and two reasons are the most often noted:

1. Lack of ownership involvement in maintaining accreditation standards, and;
2. Employee turnover.

Logically speaking, the lack of ownership involvement could be attributed to employee turnover, but it's not the only reason. Market conditions are contributing factors, such as reimbursement, outside audits, and the strength or weakness of the employee job market.

Suppliers with the most significant issues seem to be those where the employee responsible for the initial accreditation left shortly after accreditation was awarded and compliance with the standards slowly

declined.

The first time a company becomes accredited, the surveyor looks at the supplier's previous **three months** of operations. Subsequent surveys look at the previous **three years** of operations. If the person responsible for accreditation leaves, the leadership of the organization should replace that person as soon as possible and provide them the training needed to maintain continuity. HQAA can be a partner to help newly appointed accreditation employees learn the accreditation "ropes". Additionally, suppliers enrolled in HQAA's ACT service are provided a roadmap to maintain compliance with the standards. The ACT service assists newly assigned employees with their accreditation responsibilities and maintains the continuity needed for a successful re-accreditation.

If a supplier has not maintained compliance with accreditation standards during their re-accreditation process, HQAA may find it necessary to conduct additional surveys during the course of the new three-year accreditation period. To avoid additional unannounced surveys, the supplier should ensure compliance is maintained throughout the three-year accreditation cycle by supporting compliance and expecting employees to follow the standard requirements as part of their daily operations.

Ask the Coaches *Here we feature questions asked recently of our coaches*

Q: We received information regarding new standards. What do I need to do?

A: The HQAA Guide to Standards Edits (see picture right) will help you determine your next steps. Identify your status, as listed below, and take the appropriate action:

1. **Accredited Status (In the midst of your three year accreditation period):** You do not need to take any immediate action at this time. These changes will go into effect for you once you re-apply and re-enter your Workroom for your accreditation renewal.
2. **Approved (Renewal) Status (Currently working in your Workroom for re-accreditation):** The new standards will automatically change and the described changes will need to be submitted to your coach to meet the requirements in your Policies and Procedures or in narrative information you submit.
3. **Pre-Survey Status (Awaiting unannounced survey):** The new standards will automatically change and the described changes will need to be made in your Policies and Procedures. Note: If your company is in Pre-Survey during this conversion (from Jan 1, 2012 through March 30, 2012) your surveyor will take into consideration this transition time period and will work with you on any edits needed to meet the standards.
4. **Post-Survey Status (Completed survey and going through post-survey report or visit requirements):** You do not need to take immediate action. These changes will go into effect for you at your next triennial accreditation period.



Q: I am working in my Workroom and now my Virtual Timeline at the bottom of my Workroom has blocks that were complete, but now are not. Why is this?

A: Some of the "blocks" in the timeline require new or additional documentation to meet the standards and are now not complete. These "blocks" will be red and complete once the entire group of standards is completed with your coach and those new items are filed. This actually appears worse than it is, since the standards changes affected many of the standards, but you will find that the new requirements are not very complicated.

Q: Why update the standards?

A: This was the first time the HQAA standards have been updated since their initial release and there were many reasons for the update. We listened to our customer's suggestions, eliminated occasional redundancy, provided clarification, and offered further explanation and additional information where necessary. The majority of the changes are improvements to grammar, punctuation and clarity. The minority of the changes are for submission and policy changes and are clearly described in your copy of the HQAA Guide to Standards Edits.



Coaches

Another great reason to switch.

HQAA is the only accreditation provider with coaches to review your standards. View videos about all 3 great reasons to switch to HQAA – and download our **FREE switch guide** – at www.HQAA.org/switch.

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Ask the Surveyor

your questions answered...

Steve DeGenaro, RRT

Director of Survey Services

In each issue we address questions our customers send to our surveyor team

Cleaning Your Equipment: Where, When and How

HQAA surveyors are often asked on survey to recommend procedures and protocols for equipment cleaning. We are asked what “our policy” is and how the organization can comply.

Simply put, HQAA does not have a “policy” on equipment cleaning - we have a standard that addresses your company’s policy and procedure. The standard that addresses most of your cleaning processes is **ICS 3 Receiving Clean or Contaminated Items**.

You submit your written policies describing your cleaning processes to the workroom prior to survey. Your policy (or policies) should address:

- How dirty equipment is received and cleaned/disinfected. What types of cleaners are used for equipment and where is the cleaning process performed?
- How items are stored to prevent contamination. How do you separate clean and dirty equipment? Is there signage to reflect the separation?
- A description of cleaning methods used.
- Documentation that personal protective equipment (PPE) is available to all appropriate staff.
- How equipment cleaning is documented (log book, computer file, tagging system).

Your surveyor will tour your warehouse area and review the area where returned equipment is cleaned to verify that your policies are being followed and that they are appropriate. During the tour, expect to explain to the surveyor how various pieces of equipment are cleaned and returned to patient ready status. The

surveyor may actually observe staff performing cleaning or may ask the staff to describe the process verbally or even perform a “mock cleaning”. Be sure your staff can explain your process and articulate how equipment is cleaned, where it is stored and how clean and dirty equipment is kept separate in the warehouse and during transport in delivery vehicles (see standard DEL2).

Be sure staff know where their PPE is located as well as when and how to use it. The surveyor will most likely ask to look at the various cleaners you use in equipment processing. Your surveyor will ask to see Material Safety Data Sheets (MSDS) for the cleaners, disinfectants and other chemicals you use in this process. Staff who perform cleaning should be thoroughly trained in the cleaning procedure, how to use PPE and should have received training in blood borne pathogens and infection control (see standard HR5).

Finally, make sure that your policies and procedures meet law and regulation and you are following manufacturer’s recommendations/guidelines. Some equipment manufacturers have specific guidelines and your policies and procedures should meet or exceed them. For example, some states have specific cleaners/disinfectants that are required to be used on upholstered material (such as mattresses and wheelchair cushions). If your state has specific requirements, be sure that you are compliant.

HQAA surveyors will be aware of your procedures before they arrive for survey. Make sure your staff members follow your cleaning procedures and you’ll have a clean, safe, and organized environment to show the surveyor. More importantly, you’ll have a clean, safe, and organized environment to work in—which is really what it is all about!!!

Submit your questions by clicking [“Ask the Surveyor”](#)

continued from p.1

Making Competitive Bidding Successful

Implementation of the MPP by July 1, 2013: MPP prices would be determined through the auction and would be effective July 1, 2013, for all areas of the country not excluded by current law.

Please urge your Representatives and Senators to contact their party’s leadership **TODAY** to 1) alert them about the very serious problems



the current bidding program is creating, and 2) ask that the Market Pricing Program alternative be included in the final “doc fix” bill that will be sent shortly to the President. The “patch” to the doc fix as well as the extension of payroll tax cuts expire at the end of February 2012, so time is short.



Champion Chat's Regulatory Update is provided by industry consultant Mary Ellen Conway. Mary Ellen can be reached at 301.896.0193 or maryellen@capitalhealthcaregroup.com

Regulatory Update

Mary Ellen Conway, President
Capital Healthcare Group

Stay Educated

Even though we are deep into February, before you know it, the spring meeting season will be upon us. Most of the state associations have a spring meeting, AA Homecare has their annual Legislative Conference and lobbying day this month and we have Medtrade Spring in Las Vegas (in April this year). Suppliers have the opportunity to participate in various educational opportunities both close to and far from home long before the summer meetings begin.

Each education provider works very hard to create programs that are timely and current to ensure that attendees have the latest up-to-date information. State associations have volunteer committees who meet to review and plan for educational sessions months ahead of the actual program. Venues are secured, speakers are invited and conference information goes out well in advance to allow ample time to plan. For Medtrade, speakers submit a potential presentation at least six months in advance for review and selection by the Educational Advisory Board. A lot of time and effort goes into the planning, content and speaker scheduling for every educational event.

Suppliers need to take advantage of these educational opportunities now more than ever to keep abreast of any regulatory changes they must adopt, to learn new strategies and techniques for business management and to ensure that they are aware of current industry activities. There is no excuse for the supplier who claims "they didn't know" about changes. While the weekly industry trade publications do a good job of briefly addressing current topics, there is no substitution for attending a seminar, listening to a presentation and having a chance to ask questions of the speaker. An attendee does not have to be shy about asking for clarification on confusing material or admitting that they are new to their job and need guidance when attending presentations in person.

As a speaker, it always appears that the savvy and educated suppliers

are the same ones that routinely attend and participate in conferences. I often see the same faces attending presentations at both their state and national events. These suppliers take the time and spend the money to attend Medtrade and other programs. They recognize how important this education is for them and for their staff and plan attendance far in advance. The ones who worry me are the ones we don't see at programs, the suppliers I speak to on the phone, who don't attend any educational programs and seem to be completely in the dark about their business and regulatory issues. It is these suppliers who have me very concerned.

Industry publications, newsletters (like this one) and teleconferences are great vehicles that provide a snapshot of education, but nothing replaces your participation in your local state association programs or the national educational events. Obviously there are expenses involved in participating in programs, but there are many ways that one can look for reduced attendance rates, from early bird discounts to multiple attendee discounts and more. Maybe you can drive to your local programs versus flying to a national one. Maybe you don't have to stay at the conference hotel but could use the internet travel options for discounted hotel rooms nearby. Everyone is trying to do more with less, but without necessary education, suppliers can put their business in jeopardy. Educational expenses are MUCH less costly than monetary fines and compliance problems.

HQAA attends and exhibits at many of these meetings happening over the next few months (see box 'HQAA on the Road', Page 2). Stop by and say hello to the staff. Tell them how you like the newsletter, which educational programs were informative and which speakers you enjoyed. If you do not routinely attend educational events, plan to attend at least one program before July of this year. It is a critical investment in your business that you can no longer afford to skip.

Here's Our Latest News - What's Yours?

*We hope you are enjoying your issues of Champion Chat as much as we enjoy providing them to you. Help us stay in touch with what's happening in your world by keeping us up-to-date. We rely on you to suggest stories, submit questions to our team of experts and give us feedback on the items and articles you are reading. We need you, our industry colleagues and accredited providers, to keep us in your "loop". If you, a co-worker, supervisor or owner of your company has been recognized in some way, or has done an outstanding job of demonstrating Champion behavior, submit your nominations for **HQAA Champions in the News** to info@hqaa.org so that we can share your pride in making a difference in your customers lives, your community or in the industry. We appreciate the questions you've sent to **Ask the Surveyor** and **Ask the Coaches** and hope the questions and answers we've featured have been helpful. Your involvement helps us stay informed and in touch. Keep those Emails coming!*

Visit www.HQAA.org

Call: 866.909.4722 | E-mail: info@HQAA.org